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RESEARCH

Service rendered to parturient at a university hospital

Atendimento prestado a parturiente em um hospital universitário

Servicio prestado al parturienta en un hospital universitario

Francisca Francineide Andrade da Silva [1] , Richardson Augusto Rosendo da Silva [2] , Flávia Andréia Pereira Soares Santos [3] , Ana Paula do Rego [4]

ABSTRACT

Objective: To investigate the quality of care offered to pregnant woman in a maternity ward. **Method:** This is a descriptive, exploratory study with a qualitative approach and basic and applied nature conducted through interviews with mothers. The sample was through the saturation of the collected data was used to thematic analysis. **Results:** It was observed that most of the women in the age group between 20-29 years old have a partner; all have little education and low income. Most of them underwent normal deliveries and none of the users had completed their partograph during labor. Following categories emerged: Ease in attendance; Quality of care; Humanization of care; Pre-test counseling for HIV; Respect the right of patients to have a companion, and Right to Information. **Conclusion:** The concept of quality in health brought by those interviewed related the proper care with interpersonal issues, technical skills and adequate infrastructure. **Descriptors:** Health evaluation, Maternal and child health, Humanization of assistance.

RESUMO

Objetivo: Investigar a qualidade da assistência oferecida à parturiente em uma maternidade. **Método:** Trata-se de estudo descritivo, exploratório, de abordagem qualitativa e natureza básica e aplicada realizado por meio de entrevistas com puérperas. A amostra ocorreu mediante a saturação dos dados coletados, foi utilizado a Análise Temática. **Resultados:** Evidenciou-se que a maioria das mulheres se encontra na faixa etária entre 20-29 anos, possui companheiro, todas apresentam pouca escolaridade e baixa renda. A maioria delas realizaram partos normais e nenhuma das usuárias teve seu partograma preenchido no decorrer do trabalho de parto. Emergiram as categorias: Facilidade no atendimento; Qualidade da assistência; Humanização do atendimento; Aconselhamento pré-teste anti-HIV; Respeito ao direito do paciente ter um acompanhante; e Direito a informação. **Conclusão:** O conceito de qualidade em saúde trazido pelas entrevistadas relacionou o bom atendimento com as questões interpessoais, habilidades técnicas e infraestrutura adequada. **Descritores:** Avaliação em saúde, Saúde materno-infantil, Humanização da assistência.

RESUMEN

Objetivo: Investigar la calidad de la atención ofrecida a mujer embarazada en una sala de maternidad. **Método:** Estudio descriptivo, exploratorio, con enfoque cualitativo y la naturaleza básica y aplicada realizada a través de entrevistas con las madres. La muestra fue a través de la saturación de los datos obtenidos se utilizan para el análisis temático. **Resultados:** La mayoría de las mujeres del grupo de edad entre 20-29 años, tener una pareja, tienen poca educación y bajos ingresos. Prevaleció partos normales y ninguno de los usuarios habían completado su partograma durante el parto. Construidas categorías: Facilidad en la asistencia, la calidad de la atención; Humanización de la atención; previo a la prueba del HIV; Respetar el derecho de pacientes a tener un compañero, y Derecho a Información. **Conclusión:** El concepto de calidad en materia de salud presentada por los entrevistados relató el cuidado adecuado de cuestiones interpersonales, habilidades técnicas y la infraestructura adecuada. **Descriptores:** Evaluación en salud, Salud materno-infantil, Humanización de la atención.

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INTRODUCTION

Estimates from the World Health Organization (WHO) indicate that each year 20 million women experience acute complications in pregnancy and childbirth, with an incidence of 529 thousands maternal deaths.[1] Maternal death exceeds the repercussions of an individual or family tragedy, constituting one of the major indicators of human development of a population, which may reflect on information about the quality of health care, and socioeconomic status.[2]

In this sense, the National Policy for Integral Attention to Women's Health, seeks to improve the conditions of the health/disease of the same, so that there is a widening of the entrance of these health services, assisted fully, assuring them the right to promotion, prevention, care and recovery across the country. Are still among the general objectives, the quality and humanization of health care at all levels of the NHS and life cycles, whose intention is to contribute to the reduction of morbidity/mortality of women in Brazil.[3]

In order to focus efforts to reduce the high rates of maternal and neonatal mortality and adopt measures to ensure access, coverage and quality of prenatal care, delivery, postpartum, and the newborn was instituted the Program Humanization of Prenatal and (PHPN).[4]

Furthermore, it was recently instituted Stork Network within SUS whose purpose is to ensure women's right to reproductive planning, humanized to pregnancy, childbirth and postpartum, as well as the right to safe birth, healthy growth and development of the child.[5] In this regard, the World Organization of the United Nations (UN), included among the eight Millennium Development Goals to improve maternal health. It is known that women's health care during pregnancy and childbirth contribute to reduce these mortality rates cited above.[2]

However, despite advances in relation to assistance to women during pregnancy and childbirth still observes that it is marked by intense medicalization, procedures/ interventions and iatrogenic abusive, unnecessary cesareans , and lack of disregard for privacy and autonomy thereof.[3]

These shortcomings point to the need to assess the quality of care provided to users. Thus, health services are being conducted to take a new look incorporating flexible strategies in order to assist the patient, since meeting the needs and expectations of even represent key component in the quest for quality of service .[6]

It is noteworthy that the quality is a set of properties that takes into account the level of professional excellence, competent use of resources, minimal risk to the patient, and the degree of satisfaction of users' service.[6]

Agreement with these considerations we can say that the pursuit of quality the customer should be the central object in this process, so that their needs are met, as this

can also act as an evaluator of the attitudes of health professionals and the results achieved.[6]

Thus, to identify during my experience in the maternity Multidisciplinary Residency at hand, the lack of information for users in relation to quality care advocated by public policy, became interested in the topic.

Thus, considering the assistance to women and children as a priority policy of the Ministry of Health to achieve the goals of quality and reduction of morbidity and maternal and infant mortality, it is clear that there is a need for research that contributes to the improvement of healthcare in pregnancy and childbirth around the country.

Therefore, the following question arises: the health care provided by the patient a multidisciplinary team of HUAB being quality perception of the mothers? Thus, on this question, the study aims to evaluate the perception of postpartum quality of multidisciplinary care offered in a maternity ward in a university hospital.

Thus, such research has the intention to contribute to the expansion of knowledge regarding the quality of maternal and child bringing contributions to the scientific community, contribute to the improvement of care in the hospital, base the practice of professionals, highlighting the professional growth of nurses. Underscoring the satisfaction of these users and wake up to a reflection of managers and health professionals on the care provided.

METHODOLOGY

This is a descriptive, exploratory study of qualitative approach and basic and applied nature conducted at University Hospital Ana Bezerra (HUAB) that corresponds to one of four teaching hospitals of the Federal University of Rio Grande do Norte. This institution is a reference in low and medium complexity in assistance to maternal and child health in the Region of Trairi and Potengi and comprehensiveness of V URSAP.

There were participated in the survey users who performed the following inclusion criteria: oriented in time and space, communicating verbally and who delivered at the maternity quoted. And as exclusion criteria: adolescent and people with mental faculties not preserved.

Were conducted 15 semi-structured interviews in a location free from interruptions to the mothers who were in rooming motherhood during the months of December 2012 to January 2013. Data collection was suspended when it was observed that the information obtained became repetitive reaching a saturation point, ie when no longer presented no new information at that time.

It is emphasized that the interviews were recorded with digital technology prior permission of interviewees who agreed to participate voluntarily in the study and signed an informed consent form (ICF). Then each line was fully transcribed and subjected to content analysis according to Bardin. Thus, the categorical thematic analysis was performed in three

steps: Pre-analysis, material exploration and using the results obtained and their interpretation.

Note that the search was authorized by the Hospital Research and Ethics Committee and Research, University Hospital Onofre Lopes, in the opinion nº 168,812 and nº CAAE 08991212.7.0000.5292. To preserve the anonymity of the study participants was used numbers to replace their names.

RESULTS AND DISCUSSION

The presentation and discussion of the data collected were performed in two phases: the first refers to the presentation of data relating to the characterization of women participants, age, education, marital status and income. Besides this information, there were also included data on obstetric profile, such as realization of prenatal administration of diphtheria and tetanus (dT-double adult), number of pregnancies, type of delivery and partograph completed.

This phase will be presented by means of tables. Table 1 included sociodemographic variables related to postpartum survey participants. Thus, it can be observed that in age occurred predominantly in the age group 20-29 years old with 93,3 % and only 01 participants aged over 29. As to marital most have companion and they all showed a maximum of 11 years of study of which 86.6 % are in the range of 4-11 years of studies. It was also found that 53,3% of them living with an income below one minimum wage and 05 of these reported receiving social benefits of Bolsa Família. According to the municipality of residence, the largest percentage comes from surrounding cities of Santa Cruz/RN with 53,3%. This fact is explained by that motherhood is a reference to the municipalities of the region and Trairí Potengi, the state of Rio Grande do Norte.

Table 1- Demographic profile of recent mothers participating in the survey in a public maternity, 2012, Santa Cruz/RN.

Variables	N	%
Age (years)		
20 -29	14	93,3%
>29	01	6,7%
Marital status		
With a partner	13	86,6%
Without a partner	02	13,4%
Schooling (years)		
< 4	02	13,4%
4 – 11	13	86,6%
Income		
Lesser than 1 minimum wage	08	53,3%
From 1 to 2 minimum wages	07	46,7%

Residency		
Santa Cruz	07	46,7%
Other municipalities	08	53,3%
Total	15	100%

In Table 2 are described obstetric variables. Regarding immunization with dT (double adult), it was found that most were immunized (93,3%) and 6,7% of postpartum women, or women who did not perform 01 prenatal there was been immunized. Regarding the number of children there was no great difference between multiparous (53,3%) and primiparous (46,7%). Referring to the number of prenatal visits 73,3% had 6 or more visits and only 01 women had not conducted any consultation. As for the type of delivery 66,6% was normal and 33,4 cesarean. Regarding the records of the same patients revealed that 100% of partographs were not filled.

Table 2 - Birth Profile of participants in the survey conducted in a public maternity, 2012, Santa Cruz/RN.

Variables	N	%
Immunized (dT – Dual adult type)		
Yes	14	93,3%
No	01	6,7%
Children born alive		
Primiparous	07	46,7%
Multiparous	08	53,3%
Number of pre-natal consultations		
< 6	03	20%
≥ 6	11	73,3%
No query	01	6,7%
Birth type		
Normal	10	66,6%
Cesarean	05	33,4%
Partogram fulfilled		
Yes	0	0%
No	15	100%
Total	15	100%

Continuing the presentation of results, it is worth noting that the second phase occurred from the transcripts of interviews, and readings of discourses emerging from the speech of the mothers the following categories: Ease of care, Quality of care; Humanization of care, Pre-test counseling HIV; Respect the right of patients to have a companion, and right to Information.

Thus the category 01: Ease of care can be seen in the following excerpts from the interviews:

I found it easy because I came out of the interior without forwarding, no nothing. I just came in the ambulance and was well attended! And then I called the doctor to look. (Interviewed 10).

It's easy and they will soon asking. (Interviewed 11).

It can be seen that this category covers facilities or difficulties they had when they arrived in the postpartum maternity to birth. Women recognize the willingness of professionals to promote access to services offered without major obstacles in addressing the obstetric emergencies. There also interviewed the stretch of 10 that one of the factors facilitating the attendance of health services would be the reference system, despite the lack of this mechanism it has been well received in this service.

The second category: Quality of care emerged from the talks when women were asked about their assessment on the assistance offered in that maternity, see:

Good, it was all great, wonderful even without words, there was no lack of anything, hospital with good structure, also all treated me well (Interviewed 14);

It was great, I can't complain, not there's all kinds of stuff to do surveys! I arrived and was well attended, well qualified personnel! (Interview 01).

The participants evaluated the quality of care with the structure, including this item of physical resources, materials and human resources, thus demonstrating the need that women associate with the concept of the existence of quality resources for the execution of services.

The category 03: Humanization of care can be seen in the following discourses:

*Good. In no time I attended, the doctors were very attentive (Interviewed 15).*Well, everything was great. It was great. It was amazing because not all doctors have patience so and what did my delivery was wonderful! (Interviewed 08).

It is found that, when asked about humanizing, the research participants only associate this theme to the valuation of the subject during the tour. It has not been possible to associate the same by the importance of this concept to the encouragement of autonomy and co-ownership of the process, in addition to the commitment to the ambience that are also important in this process.

The category 04: Pre-test counseling for HIV came when women were asked whether they had any blood test on motherhood, as can be seen in the following quote, they did not know what type of test was performed during their hospitalization

Was held. But, I don't know what it was because I explained what was this review (Interviewed 08).

Yes was held, just know that they took blood, but I don't know for what (Interviewed 13).

It is found that although the advice is a practice that offers to a significant status information exchange among subjects patient/health professional this has not been carried out routinely in that institution.

The following testimonies exemplify the category 05: Respect the patient's right to have a chaperone

Yes, I chose my cousin to help me here (Interviewed 05).

She came yesterday with me, I chose, my sister-in-law to give me such support, help me (Interviewed 10).

The time of delivery offers women a unique experience in which she felt the need for another person you trust, your among friends or family to provide such support, as can be seen in the speeches cited.

Finally the category 06: Right to information showed that users are unaware of the professional who attended, as observed in the speech of the interviewee

I thought it was great because it was the first time I came here! I don't know who picked up the phone not because it was the first time I came here (Interviewed 13).

I don't remember it, so much pain that I was that I can't remember! But the service was good! (Interviewed 08).

I don't remember it. But, they all responded well. (Interviewed 05).

Despite not knowing what the professional providing the service, the respondents reported that they were well-informed about breastfeeding.

Yes, I received information from nutritionist, about how breastfeeding is important to him by during the first 6 months gives no other food (Interviewed 10).

The percentage in the age group of 20-29 years old (93,3%) was superior to a study in Maringa who presented for this age group 63,5%, followed by people under 20 with 27,1%.[8] It is noteworthy that no teen woman in this study, it was considered an exclusion factor. With regard to marital status the majority had a partner, whether married or cohabitating. Studies show that this fact enables greater chance of receiving psychosocial support to share this moment of life.[8] However, other research has shown that there is no statistical relationship between living with a partner and emotional availability of the mother.[9]

Referring to education observed that the maximum period studied by these mothers was 11 years and a share of 13,4 % had less than 4 years of study. Remember that a higher degree of learning facilitates access to employment, as well as the best conditions life.[9] Confirming this, infer whether income of a question that they depend on to keep the social benefit of the Bolsa Família.

Regarding the complete vaccination against neonatal tetanus 93,3% were immunized, an indicator of quality of prenatal care for these women, in contrast to a study in poor regions of the north and northeast of Brazil brings only 77% of immunized women.[10] About the number of prenatal visits, a study in the interior of Ceará showed 64,98% of women who had at least 6 queries, showing similar results found in the research that was 73,3% of women.[11]

It was also found that the mothers in these partograph were not fulfilled. According to a study conducted with this instrument analysis of childbirth care, points out that the same should be done when a woman goes into active labor for better monitoring of the evolution of the process.[12] medical record of patients there was a site with information on blood pressure, cardio-fetal heartbeat, dilation, uterine, rupture of the membranes as well as the professional who evaluated. However, this important instrument in monitoring during labor was not met in any of the records of the study participants.

Referring to the second phase of this study is the presentation of the categories, it is worth noting that the first that emerged from the statements of the interviewees was in attendance that the Facility according to the interviewees there was difficulty in access to maternity. Thus, we can say that it is fulfilling its role as an institution in the SUS, as verified in interviews. The SUS has guaranteed access to different services that are assessed as extremely important by the community, guaranteeing the right to health of the subjects.[13]

Thus, quality health services in maternal and child health has been a subject much discussed nowadays and therefore one of the crucial points in the process. When dealing with the category Quality of care emerged in women's discourse: interpersonal relations, technical performance, as well as adequate infrastructure. Another study of postpartum women in Botucatu points out that these issues were also raised by women, in contrast, this study did not report that these were satisfactorily answered regarding these items brought by them.[14] Healthcare professionals should consider beyond the physical and emotional afflictions of women, but seek to understand their values and beliefs, seeking to understand the worldview of these people.[15]

In another study assessing care in maternity found as negative indicator structure in the absence of bedrooms PPP (pre-natal, delivery, post-delivery).[16] Although motherhood have not studied this type of environment, women reported be satisfied with the existing structure.

Considering the category Pre-test counseling for HIV, it is clear that this is an issue that deserves to be discussed and rethought in the various health services that offer this exam. It was observed that the pre-test counseling is not being conducted in maternity ward where the study took place. It is known that this orientation is a broad preventive and educational practice that goes beyond the field of testing and contributes to the quality of the actions of health education.[17]

Regarding the category Humanization of care was found according to the evidence that women related the reception they received from health professionals with humanization, attention, kindness, flexibility of care and patience. Emphasizing the importance of a humanized another study also Botucatu mothers points to the importance of establishing a bond between professional and patient since this bond can positively affect in childbirth.[14]

Taking into consideration the category Respect the patient's right to have a chaperone, it should be noted that the right to free choice of companion for the duration of labor, delivery and the immediate postpartum period is respected at this institution. It is known that health services SUS own network or contracted, this right is guaranteed by law .[18] It is noteworthy that the National Humanization Policy, humanizes the SUS, portrays the companion as the representative of the social network of the patient will stay in the same company throughout their stay in the environment.[19] Thus, it is recommended that supports a person's physical and emotional throughout the process.

The Right to Information category revealed that most of women are unaware of the professional who made his birth, on the other hand, claim that receive some information during their maternity care, always citing the theme breastfeeding. It is noteworthy that

respect the needs of information provided to women is crucial for a humanized and quality, it relieves anxiety maternal favoring a more peaceful.[14]

CONCLUSION

Meet the socioeconomic profile of obstetric and postpartum women is one of the essential tools to contribute to the quality of care offered to this group, it becomes an important tool in the quest to build actions/interventions need to be appropriate to the target audience. It is suggested to pay attention to risk situations of women who does not perform prenatal and devise strategies to integrate women into government programs that meet at that time as well as stimulate postpartum consultation. Note also that item the importance of promoting the stimulus to the professionals when it comes to filling the partograph primary tool to monitor the progress of labor favoring safe care and quality.

Given these considerations, the concept of quality in health was brought by the women related to interpersonal issues, technical skills and adequate infrastructure emphasizing the importance of respect for the team, in relation to their feelings as well as the willingness to help at that time so delicate.

It is therefore that, despite some shortcomings, such as lack of Counseling Pre-test/HIV; lack of information and failure to complete the partograph in general most women study participants are satisfied with the care received in the research institution. However, by the findings suggest that educational efforts to be undertaken will fill the gaps.

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